

STATE OF NEVADA
NEVADA TRANSPORTATION AUTHORITY
**INSURANCE COMPANY DESIGNATED VEHICLE STORAGE LOT
APPROVAL REQUEST**

INSTRUCTIONS:

- Type or print clearly in ink.
- Complete sections 1 and 2 of the form.
- Submit a separate completed form for each designated storage lot.
- Attach a copy of the fully executed agreement, including a law enforcement indemnification clause.
- Attach a copy of all required State and local business licenses for the storage lot location.
- Mail, Email, Fax or deliver signed forms and attachments to:

Nevada Transportation Authority
1755 East Plumb Lane, Suite 216
Reno, NV 89502
Phone: 775 688-2800 Fax: 775 688-2802
Email: amackay@nta.nv.gov or mskibinski@nta.nv.gov

SECTION 1. DESIGNATED LOT INFORMATION:

COMPANY NAME _____

LOT LOCATION: _____

SECTION 2. REQUESTING INSURANCE COMPANY:

CONTACT NAME: _____

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ FAX: _____

EMAIL ADDRESS: _____

SEND REPLY VIA: MAIL _____ FAX _____ EMAIL _____

PRINTED NAME OF REQUESTOR: _____

SIGNATURE: _____ Date: _____

SECTION 3. NTA USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Received: _____

Log #: _____

APPROVED _____ or NOT APPROVED _____ (Explanation attached)

Andrew J. MacKay, Chairman

Dated

Monica Metz, Commissioner

Dated

George Assad, Commissioner

Dated